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AUTHOR Garcia, John L.
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ABSTRACT

This paper describes (1) the role of the Center for Multicultural Awareness (CMA) in providing technical assistance and identifying and designing culturally relevant materials for the prevention of drug abuse among minority groups, and (2) the current status of State and local drug abuse programs in relation to minority groups. The development of a Federally funded program for addressing drug related problems among blacks, Native Americans, Asian/Pacific Americans, Puerto Ricans, and Mexican Americans under the National Institute on Drug Abuse (NIDA) is briefly traced. Resources, philosophy, and objectives underlying current prevention and treatment programs are discussed. The need for developing strategies for prevention through the resolution of family, economic and educational problems is stressed. Also called for are increased professional training, technical assistance, and funding of minority group drug abuse programs. The scarcity of available information on minority drug abuse (especially for Asian/Pacific Islanders, Native Americans, and Alaska Natives) is also pointed out. A number of prevention strategies (information dissemination, drug education, alternatives, and intervention) are identified, and examples of how these strategies are being followed by programs throughout the country are presented. Finally, prospects for increasing minority group drug abuse prevention programs are assessed, and CMA's commitment to this goal is reaffirmed. (GC)

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CENTER FOR MULTICULTURAL AWARENESS
2924 COLUMBIA PIKE
ARLINGTON, VIRGINIA 22204
703/979-0100

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DRUG ABUSE PREVENTION THROUGH EDUCATION - INFORMATION - ALTERNATIVES - INTERVENTION

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MINORITY DRUG ABUSE PREVENTION
AN OVERVIEW OF THE STATE OF THE ART

John L. Garcia

Indianapolis, Indiana
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U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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MINORITY DRUG ABUSE PREVENTION:
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INTRODUCTION

The concept of a multicultural resource center evolved from the realization by the National Institute on Drug Abuse (NIDA) Prevention Branch that minority communities were not being reached by NIDA's prevention efforts. Minority leaders of the five major racial ethnic minority groups in the country (Asian American, Black, Chicano, Indian and Puerto Rican) presented to NIDA officials evidence showing that racial discrimination, lack of equal opportunity, and exclusion of minorities from the mainstream of our society can be linked directly to the causes of drug abuse in minority communities. The minority group leaders also informed NIDA that the resources available to combat drug abuse were seldom relevant to minorities because they had been developed by members of the majority who directed their efforts toward others like themselves. In the field of prevention, minority issues had been neglected, and this neglect needed to be addressed in order to strengthen the self concepts and the personal life (survival) skills of minority group members.

NIDA perceived that, in order to correct the inequities which had deprived minority groups of their share of the prevention resources, the Institute needed to create a focal point for the advocacy of minority drug abuse prevention, and the coordination, development and dissemination of primary prevention resources and strategies for minorities (information, publications, and a training and technical assistance support system). (Chart #1) In order to assure their relevance, these resources and materials were to address directly the individual characteristics and needs of each of the five major minority groups. A key to the success of this delivery system was the involvement of members of the five groups in planning, developing, field testing, and delivering the resources to the minority populations.

In the Summer of 1975, NIDA awarded a contract to the Joint Center for Community Studies to implement the concept of multicultural prevention through what came to be known as the Multicultural Drug Abuse Prevention Resource Center (MCRC). The MCRC was designed to identify and produce culturally oriented drug abuse education and prevention materials suitable for the five major ethnic minority groups. The Center made a start toward identification, classification, and evaluation of existing materials and developed a series of pamphlets dealing with the cultural heritage of the target populations: Blacks, Native Americans, Asian/Pacific Islanders, Puerto Ricans, and Mexican Americans. A number of these pamphlets have been published by the National Institute on Drug Abuse and are available through the National Clearinghouse for Drug Abuse Information.

In 1977, the resource center contract was awarded by NIDA's Prevention Branch to Development Associates, Inc., another minority owned organization, to establish the Center for Multicultural Awareness (CMA) to provide technical assistance to single State agencies. In addition to the technical assistance and the functions earlier undertaken by MCRC, the Center for Multicultural Awareness also provides translations and adaptations of materials that have been found effective by other minority programs. The Center works closely with NIDA's Prevention Branch to maximize multicultural participation in prevention programming for minority groups.

Multicultural prevention is an idea that has come of age. Planners of the 1977 National Conference on Drug Abuse selected the theme "A Multicultural View of Drug Abuse." The National Drug Abuse Conference theme for 1978, "An International View of Drug Abuse- A Comprehensive Approach," continued this interest in multicultural issues.

The CMA is the newest NIDA resource in the prevention network. As the only multicultural entity, inherent in its mission is the formidable responsibility of advocacy, consciousness raising, and interpretation of the minority point of view to the policy makers. In the final analysis, as far as drug abuse prevention among minorities is concerned, the impact of the Federal and State government is often minimal, whether it be for lack of funds, time, or, unfortunately, lack of interest and/or ignorance. It behooves us to take some time to look around us and ask questions to find out what progress is being made, if any, and why.

HISTORICAL OVERVIEW

In looking at the state of the art of minority drug abuse prevention, I would like to start with a brief overview of the Federal and State effort and then look at some trends at the local level.

NIDA has promoted primary drug abuse prevention both through advocacy with the States and through its demonstration grant effort. Although prevention funds have been limited, NIDA has increasingly urged both SSA's and local programs to place more emphasis on prevention efforts. In support of this effort NIDA provides funding for the state prevention coordinators. NIDA also annually funds 10 to 12 contractors to provide assistance to the SSA's and local programs and to develop innovative strategies and approaches to effective drug abuse prevention. Of these, only the CMA has the responsibility for advocacy of prevention efforts in the minority communities in this country.

In looking at NIDA's efforts to help programs, the CMA staff reviewed the list of NIDA prevention grantees for 1971 to the present. This chart (Chart #2) compares the number of minority grantees with the number of other grantees for each year.

Moving on to the SSA's and their progress in providing services to minority populations, it is interesting to note that only in the last three years have the States been required to include a prevention component in their drug abuse plans. This is not to say that prevention has not existed, but the emphasis has not been on planning for prevention in an orderly manner. There is still no enforceable requirement for inclusion of minority concerns and needs in State plans. However, minority concerns are being addressed at the State level, although slowly, and in some cases with trepidation. To date, in compliance with contractual requirements, the CMA with NIDA, has selected 25 SSA's to receive assistance to initiate or upgrade drug abuse prevention activities for minority populations.

The technical assistance aspect of the CMA is set up to assist the single State agencies in addressing the needs of minority communities. Our major focus during our first two years of operation has been to assist State agencies in (1) becoming aware and sensitive to the needs of minority communities; (2) indentifying and developing the resources for addressing those needs (information; consultant specialists etc.); and (3) involving minority professionals and community members in such strategies. Because the cultural base of populations differ within each state it has also been necessary to provide states with an understanding of those differences and suggested methods for initiating approaches that allow for that diversity.

The history of political, economic, and social denial of minority members, has led to the development of institutional barriers between those communities and the "mainstream." Our technical assistance efforts have, therefore, sought to provide states with the capacity for empowering such communities to actively participate in state wide planning, in order to benefit and contribute to the resources available through the SSA's.

In addition to providing assistance in the above areas to state agencies the CMA has during this contract year also been charged by NIDA Prevention Branch to provide assistance directly to Indian communities in order to enhance their capacity to serve reservation, rural and urban populations.

Many states are actively pursuing the involvement of ethnic representatives as advisors and participants in determining needs of the minority community. This is good, but minority representation at the Statewide policymaking level is still lacking. Although there are encouraging signs of progress in SSA attitudes, the style is still generally one of benign neglect.

In the area of training, the picture for minorities is even less promising. Except for the CMA's limited efforts to reach minority professionals involved in drug abuse prevention, there is no national focus on minority drug abuse prevention training. Although the National Drug Abuse Training Center has developed a curriculum for prevention training, it is aimed primarily at the non-minority prevention worker. The NIDA Prevention Branch has recognized this disparity and is monitoring CMA's efforts to ensure that our training provides the necessary skills to make a significant impact on minority communities. Our initial training effort, which involved 54 minority participants and 39 SSA prevention people, was designed primarily to enhance cultural awareness and to provide the basic understanding of the unique needs of the various minority groups. This year, we convened 30 selected minority representatives for three to four days of training in those systemic skills that will enable them to go back to their communities and provide assistance and training in planning and organizing existing community resources to address prevention needs. We also conducted a three day forum for Bicultural women to discuss their role in primary prevention activities in the minority community.

At the State level, many SSA's some with our help, are starting to develop training programs to provide the necessary skills for understanding and organizing minority communities. In addition a special task force of State prevention coordinators has recommended to NIDA that future prevention coordinator training workshops be designed with a multicultural perspective.

NIDA has approved this recommendation and tasked the CMA with the responsibility for developing the first multicultural workshop.

NIDA's Regional Support Centers have been actively pursuing training of racial and ethnic minorities in drug abuse; however their focus has been on treatment. Some people have started to look into the need for prevention training of minorities. The recent action by NIDA to fund a prevention coordinator position at each regional center should provide emphasis to and support for their efforts. We are following this with interest and we are working with the prevention coordinators to provide assistance where possible.

REVIEW OF LOCAL PROGRAM ACTIVITIES

In an effort to examine the state of the art of multicultural prevention, the CMA staff has been reviewing the activities of more than 70 programs through-out the country. We have compiled information on the types of programs and the services provided, on the community and the client populations, and on funding and assistance needed. These local programs include prevention, treatment, and multicultural youth programs in minority communities in about 25 states and the District of Columbia. Several SSA's have not identified any minority programs in their states. However, several trends were apparent in the programs that we conducted. These trends are discussed in the following paragraphs.

Need for relevant strategies and resources

One of the most often verbalized problem areas of local programs is the need for curricula, strategies, and resource materials that could be, or have been, successful in specific minority communities. Minority programs are finding that the methods for dealing with drug abuse designed for the "average" client are often ineffective in minority communities. Further, minority populations have varying cultural backgrounds and heritages, and face discrimination, the stresses of acculturation, and situations particular to each group. The problems of living in a drug oriented society and facing the pressures and problems for everyday life are compounded by being part of a minority group.

Additionally, it would be a gross misunderstanding to assume that minority groups are homogeneous within themselves. It is imperative to develop and tailor program methodolgies to meet the needs and characteristics of the particular client population. The CMA has encountered this position in nearly every minority program we have contacted or worked with. This need is repeatedly mentioned in the hope that culturally and technically sensitive strategies and materials will be developed.

A major trend highlighted by our contacts deals with the orientation and philosophy that many programs are adopting. They are moving away from the emphasis on drugs and on substance abuse, as such, to concentrate their efforts upon real primary prevention--that is, alleviating the situations that can cause young people to abuse drugs such as family problems, school problems,

unemployment, inactivity or boredom, and socialization problems with peers. Numerous programs have taken on a "wholistic approach" and have geared their services to meet varying needs of their own communities and young people. A great deal of emphasis has been placed by many of these programs on building or reinforcing certain "life skills," with activities that encourage or establish positive self image and high self esteem. Minority programs are achieving this through a variety of recreation and sports activities, and through culturally specific enrichment activities such as theater, creative arts, folklore and folk history, music and dance of specific cultures; using cultural approaches to deal with current problems; employment and education assistance; tutoring and homework assistance; GED and ESL programs; film festivals; the production of radio and TV spots; as well as of training young people to be preventors, tutors, and peer counselors. Numerous programs have activities in which the youth are leaders, planners, and evaluators of their own efforts, with staff acting only as facilitators or advisors.

Ths focus of these prevention programs is moving away from a single problem orientation (on drugs) to an emphasis on the individual and on that individual's ability to have a full productive life, without drugs, by helping him or her to develop the skills they need, within the context of their own culture.

Training and Assistance

Another trend demonstrated by the majority of the programs we work with involves the type of training and assistance they desire. Virtually all of the program directors we have talked to mentioned a need for additional training, combined with sharing and mutual reinforcement with their peers. The key here is training by peers (both ethnic and occupational) and the desire to form a network of minority programs. Several minority program directors stated that they do not want "someone to come in and tell us what to do," while others mentioned that they would like a "professional proposal writer" to help them obtain (additional) grants funds. Specifically, many programs desire training to stay abreast of changes in the field; training in cross cultural outreach and counseling; training in management skills, goal setting, report writing, and record keeping; and training in various counseling approaches, including one-on-one, group, family, and cultural awareness. In conjunction with this, many programs desire the funds to send staff to more training events and to pay indirect costs incurred by attendance at training events.

This trend also points up the need for greater communication among minority programs, to share information and build a strong national network of minority prevention programs and personnel. Hand in hand with this need is the desire on the part of many programs for increased sharing and communication with single State agencies and with NIDA. Several programs feel ignored, or have the impression that their SSA's do not place much importance on minority programs. In fact, some minority programs have decided to depend on other sources for the kind of support and information traditionally supplied by the SSA's and/or NIDA.

Funding

Essentially all programs need additional funds and/or the means to obtain them. Numerous programs mentioned the desire for funds to continue specific

components that had lost funding or to expand existing components. Several programs have told us that their prevention components are no longer funded and, therefore, no longer in operation. Also many programs have had to make staff cuts because of budgets decreased or eliminated as a result of Proposition 13 and similar legislation, in addition to the cuts made in prevention monies as such. Programs want information on how to obtain monies through alternative channels. Combined with this, programs need to develop expertise in writing proposals for private as well as governmental funding. A significant step in this direction is a Southeast Regional Support Center workshop on grantsmanship and proposal development held in February 1979.

Many programs feel that applying for NIDA funding is useless and that the disadvantages of dealing with the bureaucratic "red tape" far outweigh any benefits of many from NIDA.

SOURCES OF INFORMATION

Sources of materials that deal specifically with minority groups are somewhat scarce, particularly in the social services. However, in the past ten years, more bilingual (Spanish/English) educational materials and more literature by and about Blacks have been available. Census and other statistical data bases, also reflect these groups more accurately now but all sources continue to neglect Asian/Pacific Islanders, Native Americans and Alaskan Natives.

In the field of drug abuse there are even fewer sources of specific information for and about any of the ethnic/racial minority groups. The CMA and its predecessor, the MCRC, were created to alleviate this situation. At present, the CMA remains the only centralized source for multicultural drug abuse prevention resources. For example, the NIDA library has only about ten titles listed under minority group headings (although NIDA has published some of the work produced by the MCRC and the CMA). Throughout the past year and a half the CMA has collected and reviewed hundreds of documents dealing with different aspects of multicultural prevention or dealing with individual minority populations. The CMA has contacted national and local organizations, minority social service and professional organizations, publishers, regional and national associations of prevention and other drug abuse professionals and programs, national commissions and organizations of the five minority groups, research centers of major universities, regional and national youth organizations, and mental health and human resources associations throughout the country. These contacts have resulted in the formation of a large network of professionals, in addition to an ever expanding collection of resource materials. Nonetheless, CMA remains, to our knowledge, the only national centralized resource for multicultural prevention strategies and materials available.

Generally, NIDA and the SSA Clearinghouses have been deficient in culturally sensitive resources for multicultural prevention. There are exceptions, however. On the positive side, NIDA is about to publish Multicultural Perspectives on Drug Abuse and Its Prevention: A State of the Art Report and Resource Guide. This extensive document is full of resources and suggested contact organizations for minority groups. In Stanford, California, a library and permanent exhibit (Multicultural Resources) has been collected and catalogued. It includes over 10,000 entries on cultural history and heritage, poetry, drama, music and art, folk

history and legends, social studies and human relations by cultural/ethnic group. These resources are not specifically related to drug abuse, but can be used as tools for building self esteem and self confidence, along with cultural pride. The Asian American Drug Abuse Program in Los Angeles produces publications in five different Asian languages that are culturally tailored to the needs of that community. The Do It Now Foundation in Phoenix, Arizona is a source of accurate drug and chemical information in a style enjoyed by young people. Many of their publications are available in Spanish also.

The Council on Interracial Books for Children in New York City has successfully produced and/or located publications free of racial (and sexual) stereotypes. Five research centers have been established by NIMH to study issues and concerns of minority communities. These research centers represent a stride in multicultural mental health research. There are other national sources of information in alcohol, drug abuse, mental health, and minority mental health concerns as well.

In essence, it is possible to find resources, materials, and strategies; but it requires an extensive search and the ability to take minority drug abuse prevention out of the confines of the drug abuse subject area into such areas as youth services, mental health, cultural heritage and folklore studies and the like. The CMA has compiled bibliographies and numerous lists of contact agencies and persons, and has developed an extensive library of resources that are relevant to minority communities. Our hope is that more extensive production of multicultural resources and approaches will occur.

PREVENTION STRATEGIES

Multicultural prevention strategies can be divided into the four basic components of prevention: information, education, alternatives, and intervention. Following are specific issues involved in minority program strategies within each of these four components, and examples of how these strategies are being carried out by minority programs throughout the country.

Information

In terms of strategies for providing drug information, there are several issues involved. These include:

- the subject matter itself -- what drugs are dealt with? how timely is the information? is it relevant to the audience?
- the language -- how technical is the information? what is the reading level? what language should it be in? is it formal or colloquial, hip?
- the format -- is it written? audiovisual? or a combination of both? how relevant are any pictures and examples to the intended audience?
- the approach -- does it use scientific information? scare tactics?

Most of the drug information which is available is written for a white, middle class, college educated audience with little appeal to a non-white, non-mainstream, or less affluent, less educated audience.

The Do It Now Foundation is an exception. Its materials are written and packaged for a broader audience - straight forward, clear, humorous, many available in Spanish.

Even visual materials (films, posters, etc.) have the same narrow audience The recently published multicultural film catalog developed by the CMA staff is a first attempt to reverse this trend.

Some good bilingual, culturally specific, drug information materials have been developed on the local level for local populations; for example, PARA in Chelsea, Massachusetts, for Puerto Ricans; New York's Immigrant Social Services and the Asian American Drug Abuse Program in Los Angeles, California for Asian Americans and Casa de Amigos in Texas, which made a film on sniffing for Chicanos. Some Hispanic programs want all materials for their clients in Spanish; some, only those for the parents; and some, only in English -- because their clients speak, but do not read, Spanish.

Scare tactics are an issue -- what is the best way to present drug information? According to one Indian program, scare tactics are a standard teaching tool in their culture, and young people do not pay attention to "mild" approaches. This is an issue that needs more research.

Drug education

The issues in drug education for minority programs are primarily a matter of emphasis:

Survival skills	vs.	Self actualization
Job training		Values clarification
Basic coping skills		Spiritual approaches
Dealing with the system		Cultural awareness
Parenting skills		Cultural pride and balance

Again the primary issue is the context in which the education is provided; which skills, tools, and information are provided by whom; to whom; and, with what kinds of examples?

Survival needs must be met before one can start focusing on self-actualization. Job skills, parenting skills, basic coping skills come first. Then come values clarification, cultural awareness, spiritual concepts, etc. However, the 'survival' skills can be provided within the context of cultural and personal awareness.

The example that is used again and again in addressing survival needs is the West Dallas Community Center. The program keeps growing with its participants -- providing ways to learn a variety of survival skills by helping the youth become entrepreneurs, setting up their own businesses and carrying them through; and, most important, making money from them. They even learned how to apply for a Federal grant and got it. One of their Urban Youth Teams got an NEH Youthgrant to study the history of folk healing or 'curandismo' in two cultures (Black and Mexican.) Another team silkscreens and sells T-shirts.

The Zapata Freedom Center in Adrian, Michigan has started the Compañía Michiguena, which does 'actos' or short plays on the effect of drugs in the Mexican American family as well as cultural history presentations. The use of folklore and special cultural celebrations is probably the most frequent means of emphasizing cultural pride and identity in minority programs. At the same time, planning and carrying out these programs teaches skills and builds confidence and pride.

Alternatives

Dr. Alton Dohner of the Indian Health Service emphasizes that alternatives to drugs should:

- be realistic, attainable, and meaningful;
- assist people to find self understanding, improve self image;
- provide a feeling of significance, to achieve the expanded awareness of new experience which they now seek through drugs;
- contribute to individual identity and independence;
- offer active participation and involvement;
- provide a feeling of identification with some larger body of experience; and,
- touch one's feelings, emotions, and spirit.

The Mexican American Council on Drug Abuse (MACADA) adds four more criteria:

- alternatives must be truly available and accessible;
- the person must be able to exercise the alternative without feeling like a deviant;
- the alternative must be as least as attractive as, or more attractive than, the behavior it is replacing ("If I make 10G's dealing why should I try to get a CETA job?")
- the alternative cannot apply a negative label to the person exercising it. (Prevention is not rehabilitation!) The alternative cannot carry a negative social label.

Recreation and sports activities come to mind first as alternative activities. They are the easiest, most surely popular alternatives; but the youth businesses and art projects, (like murals), folktale collecting and telling, and dramatics can serve as both drug education and alternative activities -- The Tulsa Indian Theater group; The Korean Youth Center in Los Angeles, which sponsors an annual Korean Prom, PARA's athletic teams, and the Immigrant Social Services' Tai Chi classes, are all examples of culturally specific 'alternative' activities.

Intervention

The issues in primary intervention strategies for minority programs include:

- the individual v. wholistic approach to counseling;
- the roles of individuals within the family and differing family dynamics;
- the importance of the larger environment (school, neighborhood, peers);
- attitudes toward counseling (whether the clients see counseling as being only for mental illness or 'craziness');

- cross cultural relationships between counselor and client;
- culturally specific approaches to dealing with problems.

In early intervention (before drug abuse is a problem), it is important to involve families in the process, as does the Center for Family Services in New York, or Andromeda in Washington, D.C., always respecting the roles of the individual members of the families -- and, of course, the importance of having staff from the same cultural group as the client.

The PARA program, part of Care About Now, incorporates its counseling directly into its alternative activities. For example, the counselor is part of the staff for the volleyball and baseball teams, thus working with the young people in the Center without the stigma of formal counseling.

These are just a few examples of the prevention strategies being used in minority drug abuse prevention programs around the country. Most were developed in response to a direct and immediate need, by trial and error. We all can learn a great deal from these programs and incorporate the philosophies and strategies into truly multicultural approaches to drug abuse prevention and spread the wealth, to <u>everyone's</u> benefit.

LOOKING AHEAD

Minority drug abuse prevention programs have had to struggle against almost insurmountable odds in the past. Attitudes are changing, although slowly, and in this respect, minority programs are likely to find additional allies in their fight against drug abuse. However, the picture for the future is not bright. At the national level, the efforts to decrease federal spending, meaning less money will be available for prevention in general, will impact most severely on minority programs. The emphasis on research and replicability means that minority programs must renew their efforts to enlist the assistance of local and State institutions of higher education to develop programs that will withstand stringent evaluation requirements. At the same times it behooves us to encourage and assist local minority programs to form coalitions, not only among themselves but with majority programs as well, to ensure that they have a voice and an impact in the development of State and national policy. Working together with other social action agencies in the community will ensure a more equitable sharing of resources and better services to clients. In addition, an urgent priority must be the development and implementation of a national policy, through appropriate legislation, committed to meeting the needs of our racial ethnic minority populations.

At the State level, we see encouraging signs of progress, progress that could be accelerated if the legislation mentioned above were implemented. However, individual States can take the lead and initiate their own commitment to meet the needs of minorities. State personnel can take the initiative by developing a strong network of local prevention programs with special task forces on minority issues that could assist local programs in the development of effective and relevant proposals. As indicated before, many States have already initiated some efforts in this direction, but much remains to be done.

Some local programs have been successful in gaining access to the system and have received assistance from either State or Federal sources. Others, feeling

stymied by what they perceive as excessive bureaucratic red tape, have successfully recruited volunteers and assistance from local sources. It is apparent that programs which form networks and share resources have a much better chance of succeeding. Program directors/staff need to take the initiative in searching for and recruiting professionals and/or local institutions to assist them in any weak areas. The emphasis on evaluation will probably increase rather than decrease. Minority programs must work together with researchers, single State agencies, and Federal agencies to develop evaluation criteria that are relevant to the target population.

The CMA has the important role of serving as a catalyst and coordinator of drug abuse prevention efforts in minority communities. Although the CMA is committed to working directly with single State agencies, it is at the local level that the ultimate impact is felt. As the focal point for the coordination and development of primary prevention resources for minorities, it is incumbent upon the CMA to also serve as a strong advocate to ensure that minority needs are addressed at the Federal and State level. The CMA efforts for this year, in the development of publications and provision of training and technical assistance, are designed to provide local programs, selected minority preventors, and single State agencies with the resources and skills to organize communities in their fight against drug abuse. These efforts, coupled with those of Federal and State agencies, although not the complete answer, will assist in some measure to advance the state of the art in minority drug abuse prevention.

CENTER FOR MULTICULTURAL AWARENESS

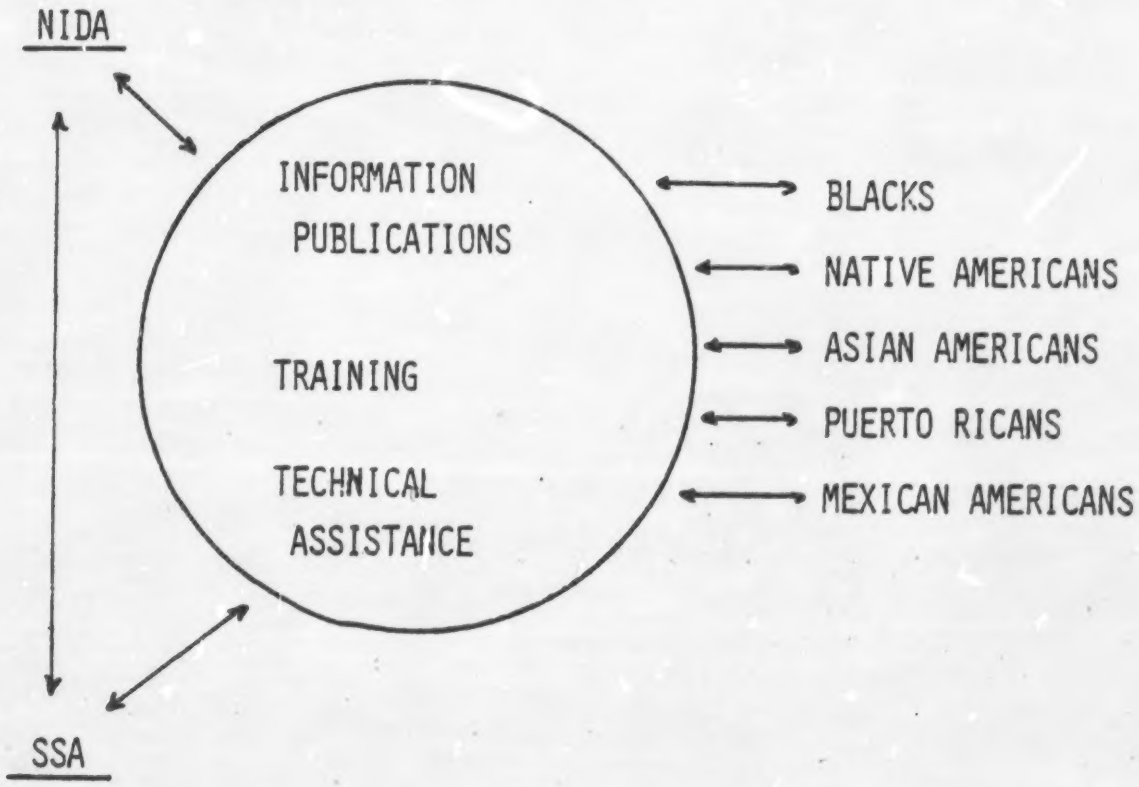

CHART #1

CHART 2

NUMBER OF NIDA PREVENTION GRANTS, 1971 - 1980

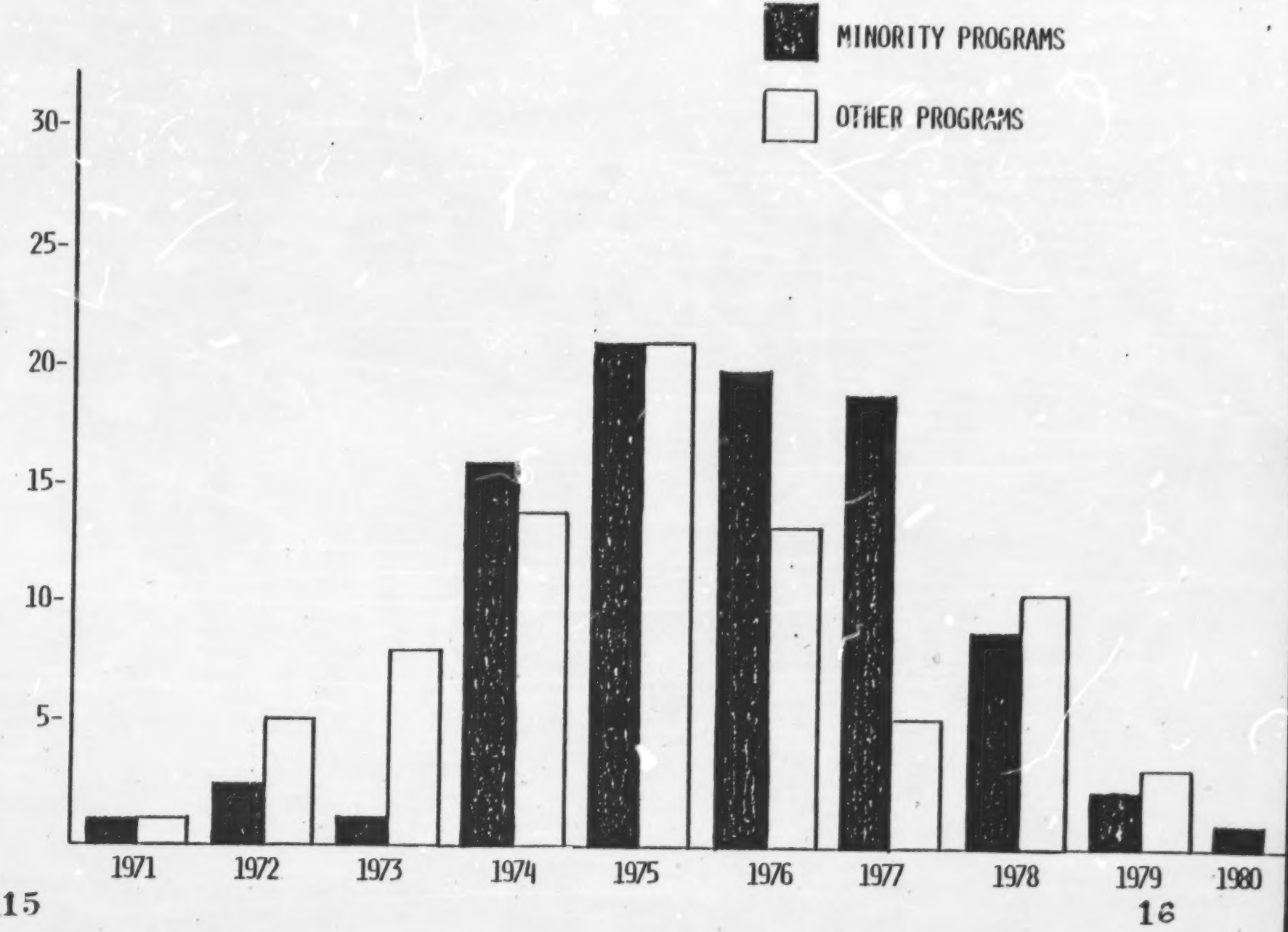

CHART #2